

## DECLARATION FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name;

I believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### MULTIPLEXED METHYLATION DETECTION METHODS

the specification of which: ☐ is attached hereto.  
☒ was filed on: December 3, 2002  
as Application No.: 10/309,803  
and was amended on: April 3, 2003  
(if applicable).

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

### Prior Foreign Application(s)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application Number	Foreign Filing Date (DD/MM/YYYY)	Priority Claimed		Certified Copy Attached	
PCT	PCT US02/18364	June 11, 2002	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Prior Provisional Application(s)**

I hereby claim priority under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing (day, month, year)
60/336,958	December 3, 2001
60/311,271	August 9, 2001
60/297,609	June 11, 2001
60/180,810	February 7, 2000
60/234,143	September 21, 2000

**Prior United States Application(s)**

I hereby claim priority under Title 35, United States Code, §120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
09/915,231	June 24, 2001	Pending
09/779,376	February 7, 2001	Pending

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature



Date

5/6/03

Full Name of  
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of  
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(Family Name) (First Given Name) (Second Given Name)

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Residence: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of  
Third Inventor: \_\_\_\_\_  
(Family Name) (First Given Name) (Second Given Name)

Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office  
\_\_\_\_\_